

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

PRINT CLEARLY-Please provide legal name

| | | | | | |
|-----------------|-------------|------------------|-----------------------------|----------------|-----|
| First Name | Middle Name | Last Name | Maiden Name (if applicable) | SSN (required) | |
| Email Address | | Telephone Number | Date of Birth (required) | Race | Sex |
| Street/P.O. Box | | City | State | Zip Code | |

PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED

Personal Affirmation: *Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license.*

Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion? _____ YES _____ NO
2. Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion? _____ YES _____ NO
3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license to expire does not apply)? _____ YES _____ NO
4. Is there any action pending against your certificate/license or application in another state? _____ YES _____ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgement, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature _____ **Date** _____

DEACTIVATION OF OCCUPATIONAL ENDORSEMENT REQUEST

Must submit the following to request the deactivation of an occupational endorsement:

_____ Notarized letter requesting deactivation from authorized official at LEA

_____ Notarized deactivation request form

TO BE COMPLETED BY NOTARY

State of _____, _____ County _____ personally appeared
(Applicant)

before me, _____, a Notary Public in and for said County. Sworn and subscribed before me
(Name of Notary)

this _____ day of _____, 20_____. Place Notary Seal here.

(Notary Signature)

REACTIVATION OF OCCUPATIONAL ENDORSEMENT REQUEST

Must submit the following to request the reactivation of an occupational endorsement:

_____ Notarized letter requesting reactivation from authorized official at LEA

_____ Documentation of 240 hours of work in the past eight years

_____ Current and valid Industry Certification (if applicable)

_____ Notarized reactivation request form

TO BE COMPLETED BY NOTARY

State of _____, _____ County _____ personally appeared
(Applicant)

before me, _____, a Notary Public in and for said County. Sworn and subscribed before me
(Name of Notary)

this _____ day of _____, 20_____. Place Notary Seal here.

(Notary Signature)